

**BELLEFONTAINE CITY SCHOOLS
REQUEST FOR REIMBURSEMENT TUTORING SERVICES**

To request reimbursement, please submit this form to the Executive Director of Instructional Services, at the Bellefontaine City Schools Board of Education office, 820 Ludlow Road, Bellefontaine.

TUTORING SHEETS MUST BE SUBMITTED EVERY TWO WEEK.

Please check the box which you are tutoring for:

21st BMS 21st HS BIS School Improvement & Support Bellefontaine City Schools

STUDENT/S NAME/S: _____

(If group, please list all students' names.)

DATE	HOURS	PLEASE CHECK		DATE	HOURS	PLEASE CHECK	
		<u>INDIVIDUAL</u>	<u>GROUP</u>			<u>INDIVIDUAL</u>	<u>GROUP</u>
		<u>INDIVIDUAL</u>	<u>GROUP</u>			<u>INDIVIDUAL</u>	<u>GROUP</u>
		<u>INDIVIDUAL</u>	<u>GROUP</u>			<u>INDIVIDUAL</u>	<u>GROUP</u>
		<u>INDIVIDUAL</u>	<u>GROUP</u>			<u>INDIVIDUAL</u>	<u>GROUP</u>
		<u>INDIVIDUAL</u>	<u>GROUP</u>			<u>INDIVIDUAL</u>	<u>GROUP</u>
		<u>TOTAL HOURS TUTORED</u>		<u>AMOUNT TO BE PAID</u>		<u>GRADE OF STUDENT(S):</u>	
INDIVIDUAL							
GROUP						<u>CONTENT OF TUTORING:</u>	

TUTOR'S NAME: _____

EMPLOYEE'S SIGNATURE: _____

TUTOR'S COMMENTS REGARDING STUDENT PROGRESS:

ACCOUNT NUMBER: _____

PRINCIPAL APPROVAL: _____ DATE _____

ADMINISTRATIVE APPROVAL: _____ DATE _____